Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MARYLAND		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this ar amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
y p e li B	Write the name that is on your government-issued picture identification (for example, your driver's	Elias First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Moncada Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4351	

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Debtor 1 Elias Moncada Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	14100 Cricket Ln	If Debtor 2 lives at a different address:			
		Silver Spring, MD 20904 Number, Street, City, State & ZIP Code Montgomery	Number, Street, City, State & ZIP Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	☐ Chapter	7						
		☐ Chapter	11						
		☐ Chapter	12						
		Chapter	13						
8.	How you will pay the fee	abou order	t how yo	ou may pay. Typically, if you are paying the fee y	ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with				
					ion, sign and attach the Application for Individuals to Pay				
		☐ I requ	uest tha		on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that				
		applie	es to you	ur family size and you are unable to pay the fee on to Have the Chapter 7 Filing Fee Waived (Off	in installments). If you choose this option, you must fill out				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
	-		District	When	Case number				
			District	When	Case number				
			District	When	Case number				
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor		Relationship to you				
			District	When	Case number, if known				
			Debtor		Relationship to you				
			District	When	Case number, if known				
				o to line 12.					
11.	Do you rent your residence?	■ No.							
11.		■ No.		our landlord obtained an eviction judgment again	st you and do you want to stay in your residence?				
11.				our landlord obtained an eviction judgment again	st you and do you want to stay in your residence?				

Debtor 1 Elias Moncada

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Deb	otor 1 Elias Moncada				Case number (if known)			
Don	Domant Abasst Anss De		V 0	a Cala Duamia	4			
Par	Report About Any Bu	isinesses	You Own as	a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No. Go to Part 4.						
		☐ Yes.	Name ar	d location of bus	siness			
	A sole proprietorship is a							
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of	business, if any				
	If you have more than one sole proprietorship, use a		Number,	Street, City, Sta	te & ZIP Code			
	separate sheet and attach		Chook th	a annranriata ha	ay to describe your business:			
	it to this petition.				ox to describe your business: ness (as defined in 11 U.S.C. § 101(27A))			
			_		I Estate (as defined in 11 U.S.C. § 101(27A))			
			<u> </u>	•	defined in 11 U.S.C. § 101(53A))			
			_	,				
				lone of the abov	er (as defined in 11 U.S.C. § 101(6))			
				ione of the abov	e 			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicates, cash-flow S.C. 1116(1)(ate that you are statement, and B).	court must know whether you are a small business debtor so that it can set appropate a small business debtor, you must attach your most recent balance sheet, stateme federal income tax return or if any of these documents do not exist, follow the proce	nt of		
	For a definition of small	No.	I am not	filing under Cha _l	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Ban Code.					
		☐ Yes.	I am filin	g under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy C	Code.		
D	Down and W. Vous Course			D	Provide That Needs Investigate Attack			
Par	t 4: Report if You Own or	Have Any	/ Hazardous	Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any property that poses or is	■ No.						
	alleged to pose a threat	☐ Yes.						
	of imminent and identifiable hazard to		What is the	hazard?				
	public health or safety? Or do you own any property that needs immediate attention?	o you own any erty that needs		e attention is by is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is th	e property?				
					Number, Street, City, State & Zip Code			

Debtor 1 Elias Moncada

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Elias Moncada			Case n	Case number (if known)					
Part	6: Answer These Quest	ions for R	eporting Purposes							
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts ar ersonal, family, or household purpose."	e defined in 11 U.S.C. § 101(8) as "incurred by an					
			☐ No. Go to line 16b.							
			Yes. Go to line 17.							
		16b.								
			☐ No. Go to line 16c.	0 .						
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you	owe that are not consumer debts or bu	usiness debts					
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	er 7. Go to line 18.						
	Do you estimate that after any exempt property is excluded and	☐ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expare paid that funds will be available to distribute to unsecured creditors?						
	administrative expenses		□No							
	are paid that funds will be available for		□Yes							
	distribution to unsecured creditors?									
18.	How many Creditors do	■ 1-49		1 ,000-5,000	□ 25,001-50,000					
	you estimate that you owe?	☐ 50-99	1	5001-10,000	5 0,001-100,000					
		□ 100-1	99	1 0,001-25,000	☐ More than100,000					
		□ 200-9	99							
19.	How much do you	□ \$0 - \$	550,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion					
			001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 millio						
		\$ 500,	001 - \$1 million	— \$100,000,001 - \$300 Пішо	III IIII IIII					
20.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion					
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio						
		= \$500,	001 - \$1 million	— ф100,000,001 - ф300 millio	ni Wore than \$50 billion					
Part	7: Sign Below									
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.								
					igible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).								
		I request	relief in accordance with the	e chapter of title 11, United States Code	e, specified in this petition.					
		bankrupt and 357	cy case can result in fines u		oney or property by fraud in connection with a o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,					
		/s/ Elias Elias Mo	Moncada oncada	Signature of I	Debtor 2					
			e of Debtor 1	Oignatal Of L						
		Executed	d on September 26, 201	6 Executed on						
			MM / DD / YYYY		MM / DD / YYYY					

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Debtor 1	Elias Moncada	Case number (if known)	
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michael G. Wolff Signature of Attorney for Debtor	Date	September 26, 2016 MM / DD / YYYY				
Michael G. Wolff Printed name						
Goren, Wolff & Orenstein, LLC						
15245 Shady Grove Road North Lobby, Suite 465 Rockville, MD 20850						
Number, Street, City, State & ZIP Code Contact phone 240-670-4991	Email address					
10269 Bar number & State						

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			10 22010 800	1 1 1100 00720710 1 0	90 0 01 00		
Fill	in this inf	formation to identify your	case:				
Deb	otor 1	Elias Moncada First Name	Middle Name	Last Name			
Deb	otor 2	First Name	wilddie Name	Last Name			
(Spo	use if, filing)	First Name	Middle Name	Last Name			
Unit	ted States	Bankruptcy Court for the:	DISTRICT OF MARYLAI	ND			
Cas	se number					- 011	of the land
(II KI)	lown)						c if this is an ded filing
Su Be a	mmary as comple rmation. F	te and accurate as possib	ele. If two married people es first; then complete the	d Certain Statistical II are filing together, both are equal e information on this form. If you the box at the top of this page.	ally responsible fo	r supplyir	
Par	t 1: Sur	mmarize Your Assets					
						Your a	ssets of what you own
1.		e A/B: Property (Official Fo				æ	636,221.00
						\$	000,221.00
	1b. Copy	line 62, Total personal pro	perty, from Schedule A/B			\$	29,078.56
	1c. Copy	line 63, Total of all property	y on Schedule A/B			\$	665,299.56
Par	t 2: Sur	nmarize Your Liabilities					
						Your li	abilities
						Amoun	t you owe
2.		e D: Creditors Who Have Control to the total you listed in Column		(Official Form 106D) he bottom of the last page of Part ²	of Schedule D	\$	431,900.23
3.		e E/F: Creditors Who Have the total claims from Part		Form 106E/F) s) from line 6e of <i>Schedule E/F</i>		\$	40,365.95
	3b. Copy	the total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F.		\$	109,786.31
				Yo	ur total liabilities	\$	582,052.49
Par	t 3: Sur	nmarize Your Income and	Expenses				
4.		e <i>I: Your Income</i> (Official Four combined monthly incom		l		\$	5,517.18
5.	Schedul Copy yo	e <i>J: Your Expen</i> ses (Official ur monthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>			\$	4,889.54
Par	t 4: Ans	swer These Questions for	Administrative and Statis	stical Records			
6.	-	filing for bankruptcy under You have nothing to report	•	neck this box and submit this form t	o the court with you	ır other scl	hedules.
7.	■ Yes	s nd of debt do you have?					
				ebts are those "incurred by an indigent of the statistical purposes. 28 U.S.C		a personal	, family, or
		ur debts are not primarily court with your other sched		e nothing to report on this part of the	ne form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Elias Moncada Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	40,365.95
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	6,344.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	46,709.95

		(Jase 16-228	/U L)OC 1 F	filed 09/26/16 Pa	age 10 of	153		
Fill	in this informa	ation to identif	y your case and t	his filing	j:					
Deb	otor 1	Elias Monca		e Name		Last Name				
	otor 2 use, if filing)	First Name	Middl	e Name		Last Name				
Unit	ted States Bank	kruptcy Court fo	or the: DISTRICT	OF MAR	RYLAND					
Cas	e number					_				Check if this is an amended filing
		m 106A/l	<u>B</u> roperty							12/15
In ea	ch category, ser	parately list and	describe items. List			an asset fits in more than or				
infori	mation. If more	space is needed	l accurate as possib , attach a separate s	heet to th	married peop his form. On th	le are filing together, both ar ne top of any additional page	e equally resp es, write your	onsible for suname and case	pplying numb	g correct per (if known).
Answ	ver every question	on.								
Part	1: Describe Ea	ach Residence, I	Building, Land, or O	ther Real	Estate You O	wn or Have an Interest In				
1. D o	o you own or ha	ve any legal or e	quitable interest in	any resid	ence, building	, land, or similar property?				
	No. Go to Part 2	2.								
-	Yes. Where is t	he property?								
1.1	14100 Criak	ot I n		What		ty? Check all that apply				
	14100 Crick Street address. if a	et LN available, or other de	escription	. •	Single-family			Do not deduct secured claims or exemptions. the amount of any secured claims on Schedu		
		,			•	ılti-unit building n or cooperative			ims Secured by Property.	
	Silver Spring	a MD	20904-0000		Manufactured	d or mobile home	Current va	alue of the		ent value of the
	City	State	ZIP Code	. 📙	Investment p	roperty	•.	76,221.00	porti	ion you own? \$476,221.00
	, 2000				Timeshare Other	-11- 7	(such as f	ee simple, ten		nership interest y the entireties, or
					has an interest Debtor 1 only	st in the property? Check one	_	te), if known. by the Entir	ωtν.	
	Montgomery	/			Debtor 2 only		Tonanto	by the Little	Cty	
	County									
						of the debtors and another		k if this is com structions)	munity	property
				Other	r information y	you wish to add about this it	em, such as lo	ocal		
				prope	erty identificat	ion number:				

Official Form 106A/B Schedule A/B: Property page 1

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Debtor 1	Elias Monca	da	Case	number (if known)	
	ou own or have	more than one, list here			
1.2			What is the property? Check all that apply		
	u residence		Single-family home	Do not deduct secured c	aims or exemptions. Put
	N lote 21		Duplex or multi-unit building		ed claims on Schedule D:
Stree	t address, if available, o	or other description	Condominium or cooperative	Creditors who Have Cla	ims Secured by Property.
			Condominant of cooperative		
Lim	a, Peru	00000-0000	☐ Land	Current value of the	Current value of the
-	a, i cia		<u> </u>	entire property?	portion you own?
City		State ZIP Code	☐ Investment property	\$160,000.00	\$160,000.00
			☐ Timeshare	Describe the nature of	your ownership interest
			Other		nancy by the entireties, or
			Who has an interest in the property? Check one	a life estate), if known.	
			Debtor 1 only	Tenants by the Enti	rety
			Debtor 2 only		
Coun	tv				
004.1	•9		_	☐ Check if this is cor	nmunity property
			At least one of the debtors and another	(see instructions)	,, , ,
			Other information you wish to add about this iten	n, such as local	
			property identification number: Residence: house		
			Tradition near		
			or all of your entries from Part 1, including any number here		\$636,221.00
	•		Tiuribei Tiere		· ,
Part 2: D	escribe Your Vehic	ties			
■ No	ano, naono, nao	ctors, sport utility vehicle	o, motor oyoro		
		•	her recreational vehicles, other vehicles, and a aft, fishing vessels, snowmobiles, motorcycle acce		
■ No					
☐ Yes					
			r all of your entries from Part 2, including any enumber here		\$0.00
_					
		onal and Household Items	t in any of the following items?		Current value of the
Do you d	own or nave any	iegai or equitable interes	et in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	hold goods and ples: Major applia	furnishings nces, furniture, linens, chir	na, kitchenware		
Yes	s. Describe				
		Furniture, lamps, coo	okware, dishes, linens, pictures		\$15,010.00
		_			
. Electro	ples: Televisions a	and radios; audio, video, si Il phones, cameras, media	tereo, and digital equipment; computers, printers, players, games	scanners; music collect	ions; electronic devices

Official Form 106A/B Schedule A/B: Property

☐ No

Case 16-22870 Doc 1 Filed 09/26/16 Page 12 of 53 Debtor 1 Case number (if known) Elias Moncada Yes. Describe..... \$1,200.00 Televisions, Dvd players 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... \$850.00 2 cameras, exercise bike 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$1,000.00 Misc. Clothing and footwear 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$500.00 4 watches 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$18,560.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

■ Yes.....

claims or exemptions.

Debtor 1		Elias Moncada	1	Case number (if known)				
				Cash	\$10,000.00			
_	Examp			ounts; certificates of deposit; shares in credit unions, with the same institution, list each.	, brokerage houses, and other similar			
	No Yes			Institution name:				
			17.1. Checking	Checking Account: Wells Fargo Bank	\$518.56			
	Examp		r publicly traded stocks nvestment accounts with bro	okerage firms, money market accounts				
	No Yes		Institution or issuer	name:				
j	•	ublicly traded sto renture	ck and interests in incorp	orated and unincorporated businesses, including	g an interest in an LLC, partnership, and			
		Give specific info	rmation about them Name of entity:	% of owne	ership:			
<u> </u>	Vegoti	iable instruments ir	nclude personal checks, cas	tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.				
		Give specific infor	mation about them Issuer name:					
		ment or pension a ples: Interests in IR		03(b), thrift savings accounts, or other pension or pr	rofit-sharing plans			
	Yes.	List each account	separately. Type of account:	Institution name:				
E	∕our s Examp		deposits you have made so	that you may continue service or use from a compa public utilities (electric, gas, water), telecommunicat				
	No Yes.			Institution name or individual:				
_		ies (A contract for	a periodic payment of mone	ey to you, either for life or for a number of years)				
	No Yes	Issu	uer name and description.					
26	3 U.S.		n IRA, in an account in a q 29A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state	e tuition program.			
	No Yes	Inst	titution name and description	n. Separately file the records of any interests.11 U.S	S.C. § 521(c):			
_	rusts, No	, equitable or futu	ure interests in property (o	ther than anything listed in line 1), and rights or	powers exercisable for your benefit			
	Yes.	Give specific info	rmation about them					
				d other intellectual property ds from royalties and licensing agreements				
		Give specific info	rmation about them					
E	Ехатр		nd other general intangible its, exclusive licenses, coop	es erative association holdings, liquor licenses, profess	sional licenses			
	No							

Official Form 106A/B Schedule A/B: Property page 4

			Case 16-22870	Doc 1	Filed 09/26/16	Page 14 of 53	
De	btor 1	Elias Moncada				Case number (if known)	
	☐ Yes.	Give specific inform	ation about them				
Мо	oney or	property owed to y	ou?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	funds owed to you	ation about them, including	whether you	u already filed the returns	and the tax years	
	Examp ■ No	support oles: Past due or lum Give specific informa	,	pport, child s	support, maintenance, div	vorce settlement, property se	ttlement
	Examp ■ No		disability insurance payme d loans you made to somed		/ benefits, sick pay, vacat	ion pay, workers' compensa	ntion, Social Security
		ets in insurance pol poles: Health, disability		savings acco	ount (HSA); credit, homeo	wner's, or renter's insurance	
	_	Name the insurance	company of each policy a Company name:	nd list its valu	ue. Benefic	iary:	Surrender or refund value:
	If you a someo	terest in property the are the beneficiary of the has died. Give specific inform		one who ha	s died ife insurance policy, or ar	e currently entitled to receive	e property because
			es, whether or not you had loyment disputes, insurance			d for payment	
l	☐ Yes.	Describe each clain	n				
	No	contingent and unli		nature, incl	uding counterclaims of	the debtor and rights to se	et off claims

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here......

\$10,518.56

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Official Form 106A/B Schedule A/B: Property page 5

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Deb	tor 1 Elias Moncada		Case number (if known)	
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You lif you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	et In.	
46. I	Oo you own or have any legal or equitable interest in any farm	- or commercial fishin	g-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	ou Did Not List Above		
•	Do you have other property of any kind you did not already list Examples: Season tickets, country club membership No Yes. Give specific information	1?		
54.	Add the dollar value of all of your entries from Part 7. Write the List the Totals of Each Part of this Form	hat number here		\$0.00
55.	Part 1: Total real estate, line 2			\$636.221.00
56.	Part 2: Total vehicles, line 5	\$0.00		,
57.	Part 3: Total personal and household items, line 15	\$18,560.00		
58.	Part 4: Total financial assets, line 36	\$10,518.56		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$29,078.56	Copy personal property total	\$29,078.56
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$665,299.56

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this infor				
Debtor 1	Elias Moncada			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number (if known)				☐ Check if this
, , ,				amended filir

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Current value of the Amoun Schedule A/B that lists this property portion you own		ount of the exemption you claim	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
14100 Cricket Ln Silver Spring, MD 20904 Montgomery County	\$476,221.00		\$44,320.77	Tenants by the Entireties - Sumi v Schlossberg, 777 F.2d 921	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	(4th Cir. (MD) 1985) 100% except as to joint creditors and the IRS	
Peru residence MZ N lote 21 Lima, Peru Residence: house	\$160,000.00		\$160,000.00	11 U.S.C. § 522(b)(3)(B) Peru Constitution Art.488 al Art.501	
Line from <i>Schedule A/B</i> : 1.2			100% of fair market value, up to any applicable statutory limit	(Homestead Protection)	
Furniture, lamps, cookware, dishes, linens, pictures	\$15,010.00		\$15,010.00	Tenants by the Entireties - Sumi v Schlossberg, 777 F.2d 921	
Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	(4th Cir. (MD) 1985) 100% except as to joint creditors and the IRS	
Televisions, Dvd players Line from Schedule A/B: 7.1	\$1,200.00		\$1,200.00	Tenants by the Entireties - Sumi v Schlossberg, 777 F.2d 921	
Ellio Holli Golloddio FVD. 1.1			100% of fair market value, up to any applicable statutory limit	(4th Cir. (MD) 1985) 100% except as to joint creditors and the IRS	

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De	entor 1 Elias Moncada			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	2 cameras, exercise bike Line from Schedule A/B: 9.1	\$850.00		\$850.00	Tenants by the Entireties - Sumi v Schlossberg, 777 F.2d 921
	2.10 110111 0011000010 7V2. 01.1			100% of fair market value, up to any applicable statutory limit	(4th Cir. (MD) 1985) 100% except as to joint creditors and the IRS
	Misc. Clothing and footwear Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
	Line Holli Golledale PAB. 11.1			100% of fair market value, up to any applicable statutory limit	1100. § 11-304(0)(4)
	4 watches Line from Schedule A/B: 12.1	\$500.00		\$500.00	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
	Line Holli Golledale PVB. 12.1			100% of fair market value, up to any applicable statutory limit	1100. § 11-304(0)(0)
	Cash Line from Schedule A/B: 16.1	\$10,000.00		\$10,000.00	Tenants by the Entireties - Sumi v Schlossberg, 777 F.2d 921
	Line Holli Golledale AVB. 10.1			100% of fair market value, up to any applicable statutory limit	(4th Cir. (MD) 1985) 100% except as to joint creditors and the IRS
	Checking: Checking Account: Wells Fargo Bank	\$518.56		\$518.56	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	1100.3 11 00 1(0)(0)
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)
	■ No	- ,			/
	☐ Yes. Did you acquire the property cover	ed by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

Cas	e 16-22670 DOCT FILEC	1 09/26/	16 Page 16	01 55	
Fill in this information to identify you	ur case:				
Debtor 1 Elias Moncada First Name	Middle Name La	st Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name La	st Name			
United States Bankruptcy Court for the	: DISTRICT OF MARYLAND				
Case number (if known)					if this is an led filing
Official Form 106D					
Schedule D: Creditors	Who Have Claims Se	cured	by Property	y	12/15
Be as complete and accurate as possible. is needed, copy the Additional Page, fill it number (if known).					
1. Do any creditors have claims secured b	y your property?				
☐ No. Check this box and submit t	his form to the court with your other sch	edules. You	ı have nothing else to	report on this form.	
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
	more than one secured claim, list the creditors a particular claim, list the other creditors in Fical order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Select Portfolio Servicing	Describe the property that secures the c	laim:	\$431,900.23	\$476,221.00	\$0.00
Creditor's Name	14100 Cricket Ln Silver Spring, M 20904 Montgomery County	ID			
PO Box 65250 Salt Lake City, UT 84165	As of the date you file, the claim is: Checapply. Contingent	k all that			
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	 An agreement you made (such as morte car loan) 	gage or secu	red		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechan	ic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number	7142			
Add the dollar value of your entries in C	Column A on this page. Write that number l	here:	\$431,90	0.23	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.		\$431,90		
Part 2: List Others to Be Notified fo	or a Debt That You Already Listed		Land Brown Brown		

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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	0000	10 22010	D00 1 11	100 00	720/10	r ago ro or	00			
Fill in this info	ormation to identify your c	ase:								
Debtor 1	Elias Moncada									
Z Gatter .	First Name	Middle Nar	ne	Last Name	Э					
Debtor 2										
(Spouse if, filing)	First Name	Middle Nar	ne	Last Name	9					
United States E	Bankruptcy Court for the:	DISTRICT OF	MARYLAND							
Case number										
(if known)								Check if	this is a	ın
								amende	d filing	
Official Fo	rm 106E/E									
	<u>rm 106E/F</u> E/F: Creditors W i	ha Hava I	Inconurad (Claim	_				12/1	E
	and accurate as possible. Use					or avaditara with NON	IDDIODITY A	laima Lia		
left. Attach the C name and case n	ditors Who Have Claims Secu- continuation Page to this page number (if known). All of Your PRIORITY Uns	e. If you have no	information to repo							
	litors have priority unsecured									
No. Go to	• •	i Ciaiilis ayallist	your							
Yes.	Ji ait 2.									
identify what possible, list Part 1. If mo	pur priority unsecured claims type of claim it is. If a claim has the claims in alphabetical order re than one creditor holds a par anation of each type of claim, so	s both priority and r according to the ticular claim, list	d nonpriority amounts e creditor's name. If yo the other creditors in	s, list that o ou have m Part 3.	claim here a lore than tw	and show both priority a o priority unsecured cl	and nonpriority aims, fill out ti	y amounts he Continu	. As much uation Pag	h as ge of
						Total claim	Priority amount		Nonprior amount	ity
	troller of Maryland	Las	t 4 digits of account	t number	4351	\$20,983.95	\$20,9	983.95		\$0.00
Collec	Creditor's Name ction Section	Wh	en was the debt inc	urred?						
301 W Room	I. Preston Street									
	nore, MD 21201									
Number	r Street City State Zlp Code	As	of the date you file,	the claim	is: Check a	all that apply				
Who incur	red the debt? Check one.		Contingent							
☐ Debtor	1 only		Unliquidated							
☐ Debtor :	2 only		Disputed							
☐ Debtor	1 and Debtor 2 only		e of PRIORITY unse	ecured cla	im:					
At least	one of the debtors and another	. 🗆	Domestic support obli	igations						
☐ Check	if this claim is for a commun	ity debt	Taxes and certain oth	ner debts y	ou owe the	government				
	n subject to offset?		Claims for death or pe							
■ No			Other. Specify							
☐ Yes			. ,							

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Debtor 1 Elias Moncada		Case n	umber (if know)		
2.2 Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number	0098	\$19,382.00	\$19,382.00	\$0.00
Department of the Treasury PO Box 7346	When was the debt incurred?	2013			
Philadelphia, PA 19101	As af the data was file the plain.	: Ob!!!	Al-at analy		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all	tnat apply		
■ Debtor 1 only	Contingent				
	☐ Unliquidated				
Debtor 2 only	☐ Disputed	•			
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	ıım:			
☐ At least one of the debtors and another	☐ Domestic support obligations				
\square Check if this claim is for a community debt	Taxes and certain other debts y				
Is the claim subject to offset?	Claims for death or personal inj	ury while you	were intoxicated		
■ No □ Yes	Other. Specify				
Part 2: List All of Your NONPRIORITY Unsecur	red Claims				
3. Do any creditors have nonpriority unsecured claims	against you?				
☐ No. You have nothing to report in this part. Submit the	nis form to the court with your other	schedules			
Yes.	is form to the court with your other.	oricudics.			
 List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other or Part 2. 	im. For each claim listed, identify wh	nat type of cla	aim it is. Do not list claim	ns already included in	Part 1. If more ation Page of
4.1 Associated Credit Services, Inc.	Last Adiates of account mount	0774		Total	
Associated Credit Services, Inc. Nonpriority Creditor's Name PO Box 5171 Westborough, MA 01581-5171	Last 4 digits of account numb When was the debt incurred?	er <u>2774</u>			\$1,015.87
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the cla	im is: Check	all that apply		
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt	☐ Obligations arising out of a s	eparation agi	reement or divorce that	you did not	
Is the claim subject to offset?	report as priority claims				
No	Debts to pension or profit-sh	• • •			
Yes	Other. Specify Sun Trus	t Bank #10	000165304634		

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Debtor	1 Elias Moncada	Case number (if know)				
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6074	\$1,154.00		
	Attention: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 12/95 Last Active 11/23/11			
•	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	_	П.				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	At least one of the debtors and another	☐ Student loans	d dam.			
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts			
	□ Yes	Other. Specify Check Cred				
4.3	Cardiac Associates	Last 4 digits of account number	1747	\$425.00		
	Nonpriority Creditor's Name			ψ120.00		
	15225 Shady Grove Rd. When was the debt incurre Suite 201		3/24/16			
	Rockville, MD 20850 Number Street City State Zlp Code	. As of the data you file the claim	in Charle all that apply			
	Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан тат арргу			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Medical				
4.4	Diversified Consultant	Last 4 digits of account number	7396	\$986.00		
	Nonpriority Creditor's Name Dci Po Box 551268	When was the debt incurred?	Opened 03/15			
	Jacksonville, FL 32255 Number Street City State Zlp Code	As of the date you file the eleim	in Oharla II that are h			
	Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан тат арргу			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	☐ Yes	Other. Specify Collection A	attorney Sprint			

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Debtor	1 Elias Moncada			
	EMA Nonpriority Creditor's Name	Last 4 digits of account number	3280	\$803.00
	20010 Century Boulevard Suite 200 Germantown, MD 20874	When was the debt incurred?	3/9/16	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		-
4.6	EMA Nonpriority Creditor's Name	Last 4 digits of account number	3280	\$1,236.00
	20010 Century Boulevard Suite 200 Germantown, MD 20874	When was the debt incurred?	3/23/16	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Critical Care	9	-
	LVNV Funding Nonpriority Creditor's Name	Last 4 digits of account number	2318	\$10,287.00
	Po Box 10497	When was the debt incurred?	Opened 06/13	-
	Greenville, SC 29603 Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	, is or an outle you me, and claim.	er chook all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes		ompany Account Springleaf	

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Debto	r 1 Elias Moncada		Case number (if know)			
4.8	Maryland Transportation Authority Nonpriority Creditor's Name	Last 4 digits of account number	0668	\$258.85		
	PO Box 17600	When was the debt incurred?	2015			
	Baltimore, MD 21297-7600					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	_	Пол				
	■ Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	At least one of the debtors and another	☐ Student loans	a diami.			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	<u> </u>	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes					
	Li res	Other. Specify				
4.9	Maryland Transportation Authority Nonpriority Creditor's Name	Last 4 digits of account number	2175	\$105.18		
	PO Box 17600	When was the debt incurred?	2016			
	Baltimore, MD 21297-7600 Number Street City State Zlp Code	As of the date you file, the claim	in Charle all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim	з. Спеск ан шасарріу			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify				
4.1	M 10: M : 10: 1		0770	# 20.400.07		
0	MedStar Montgomery Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	3773	\$69,139.07		
	PO Box 418392 Boston, MA 02241-8392	When was the debt incurred?	3/23-3/28/16			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	g plans, and other similar debts				
	☐ Yes					

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Debto	1 Elias Moncada		Case number (if know)			
4.1	MedStar Montgomery Medical Center	Last 4 digits of account number	9997	\$434.50		
	Nonpriority Creditor's Name PO Box 418392	When was the debt incurred?	3/9/16			
	Boston, MA 02241-8392 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Medical				
4.1	MedStar Physicials Billing Services Nonpriority Creditor's Name	Last 4 digits of account number	6609	\$3,588.00		
	PO Box 1270 Bangor, ME 04402	When was the debt incurred?	3/23-3/28/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Doctor				
4.1	MedStar Physicials Billing Services Nonpriority Creditor's Name	Last 4 digits of account number	6609	\$1,912.00		
	PO Box 1270 Bangor, ME 04402 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i	3/23-3/28/16 s: Check all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneok an that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed	l eleim.			
	At least one of the debtors and another					
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Doctor	O 1 7			
	Other. Specify					

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Debtor	1 Elias Moncada		Case number (if know)	
4.1	ModStar Dhygigiala Dilling Convince		6600	¢2 220 00
4	MedStar Physicials Billing Services Nonpriority Creditor's Name	Last 4 digits of account number	6609	\$3,330.00
	PO Box 1270	When was the debt incurred?	3/23-3/28/16	
	Bangor, ME 04402	_		-
	Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other. Specify Doctor		_
4.1 5	MedStar Physicials Billing Services Nonpriority Creditor's Name	Last 4 digits of account number	6609	\$1,076.00
	PO Box 1270	When was the debt incurred?	3/23-3/28/16	
	Bangor, ME 04402		0,10 0,10,10	-
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐Yes	■ Other. Specify Doctor		
				-
4.1	Midland Funding	Last 4 digits of account number	3220	\$698.00
6	Nonpriority Creditor's Name			
	2365 Northside Dr	When was the debt incurred?	Opened 06/15	=
	Suite 300			
	San Diego, CA 92108 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	, i.e o. i.i.e aaie yeu i.i.e, ii.e oiaiii.	or chook all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	d claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
		Factoring C	ompany Account Credit One Bank	
	☐ Yes	Other. Specify N.A.		

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Debtor 1 Elias Moncada		Case number (if know)			
Mohela/Dept of Ed	Last 4 digits of account number	0002	\$6,344.00		
Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim	Opened 04/15 Last Active 8/31/16 s: Check all that apply			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	■ Student loans □ Obligations arising out of a separeport as priority claims □ Debts to pension or profit-sharin □ Other. Specify	ration agreement or divorce that you did not			
Montgomery EKG LLP	Last 4 digits of account number	3773	\$72.00		
Nonpriority Creditor's Name P. O. Box 43130 Nottingham, MD 21236 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: ration agreement or divorce that you did not			
North Amercn Nonpriority Creditor's Name 2810 Walker Rd Chattanooga, TN 37421 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing	d claim: ration agreement or divorce that you did not g plans, and other similar debts	\$500.00		
	Mohela/Dept of Ed Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Montgomery EKG, LLP Nonpriority Creditor's Name P. O. Box 43130 Nottingham, MD 21236 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes No North Amercn Nonpriority Creditor's Name 2810 Walker Rd Chattanooga, TN 37421 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Is the claim subject to offset? No	Mohela/Dept of Ed Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Nonpriority Creditor's Name P. O. Box 43130 Nottingham, MD 21236 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 name 2810 Walker Rd Chattanoaga, TN 37421 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 name Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 name Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debto	Mohela/Dept of Ed Nonpriority Creditor's Name 633 Spirit Dr Chesterfield, MO 63005 Murbler Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only		

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Debto	r 1 Elias Moncada	Case number (if know)				
4.2 0	Рерсо	Last 4 digits of account number 8491	\$858.91			
	Nonpriority Creditor's Name PO Box 13608 Philadelphia, PA 19101	When was the debt incurred? 2016	-			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Utility	-			
4.2	Pinnacle Credit Services Nonpriority Creditor's Name	Last 4 digits of account number 4159	\$342.00			
	Po Box 640	When was the debt incurred? Opened 08/14	_			
	Hopkins, MN 55343 Number Street City State Zlp Code	As of the date year file the eleim in Oberland all that are he				
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Factoring Company Account Verizon Wireless	-			
4.2	Portfolio Recovery	Last 4 digits of account number 3468	\$175.00			
	Nonpriority Creditor's Name	When was the debt incurred? Opened 01/13				
	Po Box 41067 Norfolk, VA 23541	Opened 01/13	-			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	— 140	_ Factoring Company Account Hsbc Bank				
	☐ Yes	Other. Specify Nevada N.A.	_			

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Debte	or 1 Elias Moncada		Case number (if know)	
4.2	Quest Diagnostics	Last 4 digits of account number		\$35.30
	Nonpriority Creditor's Name P.O. Box 7302 Hollister, MO 65673-7302	When was the debt incurred?	4/6/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans	d claim:	
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Laboratory		
4.2	Verizon Nonpriority Creditor's Name	Last 4 digits of account number	0125	\$590.47
	POBOX 15124 Albany, NY 12212-5124 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim	2016 is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No □ Yes	☐ Debts to pension or profit-sharin Other. Specify TV, internet		
	□ 165	Other. Specify 17, Internet	, prioric	
4.2 5	Visa Dept Store National Bank Nonpriority Creditor's Name	Last 4 digits of account number	4001	\$507.00
	Attn: Bankruptcy Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 11/95 Last Active 8/02/11	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	- ·	
	Yes	Other. Specify Charge Acc	ount	

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Debtor 1	Elias Moncada		Case number (if know)				
0	Westlake Financial Srvs	Last 4 digits of account number	5213	\$2,600.00			
(Nonpriority Creditor's Name Customer Care Po Box 76809 Los Angeles, CA 90054	When was the debt incurred?	Opened 6/25/11 Last Active 5/23/14				
Ī	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed	Labelia				
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	a ciaim:				
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not				
	ls the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts				
	☐ Yes	Other. Specify Automobile					
4.2	WSSC	Last 4 digits of account number	2502	\$1,313.16			
	Nonpriority Creditor's Name 14501 Sweitzer Lane Laurel, MD 20707	When was the debt incurred?	2015	V 1,010110			
٦	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	Contingent	☐ Contingent				
	Debtor 2 only	- Contingent					
	☐ Debtor 1 and Debtor 2 only ☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	·	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Utility					
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed					
is tryin have m	g to collect from you for a debt you owe to s	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	you already listed in Parts 1 or 2. For example, n Parts 1 or 2, then list the collection agency h itional creditors here. If you do not have additi	ere. Similarly, if you			
	d Address	On which entry in Part 1 or Part 2 did you	_				
	an Medical Collection Agency chester Plaza		Part 1: Creditors with Priority Unsecured Claims				
Building			Part 2: Creditors with Nonpriority Unsecured Cla	aims			
Elmsfor	rd, NY 10523	Last 4 digits of account number					
Name and	d Address	On which entry in Part 1 or Part 2 did you	ı list the original creditor?				
	Services, Inc	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	;			
	arry Trumand Blvd. harles, MO 63301		Part 2: Creditors with Nonpriority Unsecured Cla	aims			
	Halles, We observ	Last 4 digits of account number	3280				
	d Address	On which entry in Part 1 or Part 2 did you					
CSRS,	Inc Crabbs Branch Way		Part 1: Creditors with Priority Unsecured Claims				
Suite 2			Part 2: Creditors with Nonpriority Unsecured Cla	aims			
Derwoo	od, MD 20855	Last 4 digits of account number 1747					
Name and	d Address	On which entry in Part 1 or Part 2 did you list the original creditor?					

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106 E/F

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Debtor 1 Elias Moncada		Case number (if know)		
First National Collection Bureau	Line 4.21 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
610 Waltham Way Sparks, NV 89434		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Spairs, IVV 09434	Last 4 digits of account number	9493		
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?		
Springleaf Financial S	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
600 N. Royal Avenu Evansville, IN 47731		■ Part 2: Creditors with Nonpriority Unsecured Claims		
Evansvine, iiv 47701	Last 4 digits of account number	2318		
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?			
Suburban Credit Corporation	Line <u>4.6</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims		
6142 Franconia Road P. O. Box 30640 Alexandria, VA 22310-2521		Part 2: Creditors with Nonpriority Unsecured Claims		
Alexandria, VA 22310-2321	Last 4 digits of account number	0617		
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?		
Superior Financial Gro	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
205 Lennon Ln Ste 210 Walnut Creek, CA 94598		Part 2: Creditors with Nonpriority Unsecured Claims		
Wallut Greek, OA 34030	Last 4 digits of account number			
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?		
Tate & Kirlin Associates	Line <u>4.2</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims		
2810 Southampton Rd. Philadelphia, PA 19154		Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number	8612		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				 ·
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 40,365.95
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 40,365.95
				Total Claim
	6f.	Student loans	6f.	\$ 6,344.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.		6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 103,442.31
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 109,786.31

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Fill in this infor	mation to identify your	case:		
Debtor 1	Elias Moncada			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MARYLAND		
Case number				
(if known)				☐ Check if this
				amended filir

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

-	Person or	Company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5	-				
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>

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Fill in thi	s information to identify your	case:			
Debtor 1	Elias Moncada				
D 1 ()	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	DISTRICT OF MARYLA	AND		
Case nun (if known)	nber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	lebtors			12/15
people are	e filing together, both are equ	ually responsible for sup boxes on the left. Attac	plying correct informat h the Additional Page t	ion. If more space is	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
	thin the last 8 years, have yo na, California, Idaho, Louisiana				
`	o. Go to line 3. es. Did your spouse, former spo	ouse, or legal equivalent liv	e with you at the time?		
in lin Form	e 2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Name			_ □ Schedule D, lir □ Schedule E/F, □ Schedule G, lir	line
	Number Street City	State	ZIP Code	_	
3.2	Name			Schedule D, lir	
	INGING			☐ Schedule E/F, ☐ Schedule G, lin	
	Number Street	State	7IP Code		

Schedule H: Your Codebtors

∣Deb	tor 1 Elias Mond	ada		
	tor 2			
Unit	ed States Bankruptcy Court for t	ne: DISTRICT OF MARY	'LAND	
Cas (If kno	e number own)		-	Check if this is: An amended filing A supplement showing postpetition chapter
				13 income as of the following date:
<u>Of</u>	ficial Form 106I			MM / DD/ YYYY
Sc	hedule I: Your In	come		12/1
supp spou	olying correct information. If your sec. If you are separated and y	ou are married and not fili our spouse is not filing w	ing jointly, and your spouse is livith you, do not include informati	and Debtor 2), both are equally responsible for ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question
supp spou	olying correct information. If your se. If you are separated and you have separated and you have separated to this form	u are married and not fili our spouse is not filing w n. On the top of any addit	ing jointly, and your spouse is livith you, do not include informati	ing with you, include information about your
supp spou attac	olying correct information. If you are separated and you have separated and you have separated to this form Describe Employment	u are married and not fili our spouse is not filing w n. On the top of any addit t	ing jointly, and your spouse is livirth you, do not include informational pages, write your name and	ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question
supp spou attac	clying correct information. If you see. If you are separated and yet a separate sheet to this form. Describe Employment information. If you have more than one job, attach a separate page with information about additional	u are married and not fili our spouse is not filing w n. On the top of any addit	ing jointly, and your spouse is livith you, do not include informational pages, write your name and	ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question Debtor 2 or non-filing spouse
supp spou attac	clying correct information. If you are separated and you have more than one job, attach a separate page with	u are married and not fili our spouse is not filing w n. On the top of any addit t	ing jointly, and your spouse is livith you, do not include informational pages, write your name and Debtor 1 Employed	ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question Debtor 2 or non-filing spouse
supp spou attac	clying correct information. If you see. If you are separated and yet a separate sheet to this form. Describe Employment information. If you have more than one job, attach a separate page with information about additional	ou are married and not fili our spouse is not filing w n. On the top of any addit t Employment status	ing jointly, and your spouse is livith you, do not include informational pages, write your name and Debtor 1 Employed Not employed	ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question Debtor 2 or non-filing spouse
supp spou attac	Describe Employment information. If you are separated and yeth a separate sheet to this form. Describe Employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or	eu are married and not fili our spouse is not filing w n. On the top of any addit t Employment status Occupation Employer's name	pebtor 1 Employed Not employed Sales Representative	ing with you, include information about your on about your spouse. If more space is needed, I case number (if known). Answer every question Debtor 2 or non-filing spouse

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

			non-fi	ling spouse
2.	\$	4,601.46	\$	0.00
	Ψ,		Ψ	
3.	+\$	0.00	+\$	0.00
4.	\$	4,601.46	\$	0.00

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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Deb	or 1	Elias Moncada	_	Case	number (<i>if known</i>)			
				Fo	r Debtor 1		Debtor 2 or a-filing spous	20
	Copy	y line 4 here	4.	\$	4,601.46	\$.00
5.	List a	all payroll deductions:		_				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,585.28	\$	0	.00
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$_		.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$_		.00
	5e.	Insurance	5e.	\$	0.00	\$.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$.00
	5g.	Union dues	5g.	\$	0.00	\$	0.	.00
	5h.	Other deductions. Specify: Demo Deposit	5h.+	\$	40.00	+ \$	0.	.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,625.28	\$	0.	.00
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,976.18	\$_	0.	.00
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0	f	0.00	¢		00
	01	monthly net income.	8a.	\$_	0.00	\$_		.00
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.	.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	500.00	\$		00
	8d.	Unemployment compensation	8d.	\$_	0.00	\$_		.00
	8e.	Social Security	8e.	\$_	1,041.00	\$	0.	.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.	.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.	.00
	8h.	Other monthly income. Specify: Tenant (basement apartment)	8h.+	\$	1,000.00	+ \$ _	0.	.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,541.00	\$_	(0.00
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,517.18 + \$_		0.00 = \$	5,517.18
4.4								
11.	Inclu- other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not sify:	depen			•	Schedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certal es					12. \$_	5,517.18
								nbined
13.	Do v	ou expect an increase or decrease within the year after you file this form	1?				mon	nthly income
	,	No.						
	_	Yes. Explain:						
	_	•						

EIIE	in this informa	tion to identify yo	nur casa:			I		
Deb						OL -	ok if this is:	
Deb	IOI I	Elias Moncac	aa				ck if this is: An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter
` '	, 0,					_	•	the following date.
Unite	ed States Bankr	ruptcy Court for the	: DISTRI	CT OF MARYLAND			MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	nses				12/15
Be a	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people ar ich another sheet to this				
Pari	t 1: Descr Is this a joir	ibe Your House nt case?	ehold					
	■ No. Go to	line 2.	in a separ	ate household?				
	□ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Wife		57	■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your exp	enses include	_	No				□ res
	•	f people other t d your depende	han $_{\square}$	Yes				
	yoursen and	u your depende	iiio r					
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
•		,						
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4. \$	S	2,057.54
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	S	0.00
		rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associa		upkeep expenses		4c. \$ 4d. \$		150.00
5.				oominium dues our residence, such as ho	me equity loans	4a. \$ 5. \$		0.00

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Debto	or 1	Elias Mor	cada		Case num	ber (if known)	
	Utiliti	ios:					
	utiliti Sa.		heat, natural gas		6a.	\$	280.00
	5a. 6b.	•	er, garbage collection		6b.		150.00
				and apple continue			
	Sc.	•	, cell phone, Internet, satellite,	and cable services	6c.	*	280.00
	6d. -	Other. Spe	·		6d.	·	0.00
			keeping supplies		7.	·	650.00
. (Child	lcare and c	hildren's education costs		8.	\$	0.00
. (Cloth	ning, laund	y, and dry cleaning		9.	\$	50.00
O. F	Perso	onal care p	roducts and services		10.	\$	40.00
1. N	Medi	cal and der	ital expenses		11.	\$	128.00
2. 1	Trans	sportation.	Include gas, maintenance, bus	s or train fare.			
			r payments.		12.	\$	160.00
3. E	Enter	rtainment,	lubs, recreation, newspaper	rs, magazines, and books	13.	\$	100.00
			ibutions and religious donat	_	14.	\$	19.00
		ance.				-	10.00
			surance deducted from your pa	av or included in lines 4 or 20.			
		Life insura			15a.	\$	0.00
		Health insi			15b.	·	0.00
		Vehicle ins			15c.	·	245.00
			ance. Specify:		15d.	•	
				an many an imply dead in the co. A c. CC.	150.	Ψ	0.00
			ciude taxes deducted from you	r pay or included in lines 4 or 20.	16	¢	0.00
	Speci	•			16.	\$	0.00
			ase payments:		17-	c	202.00
			ents for Vehicle 1		17a.	· —	280.00
			ents for Vehicle 2		17b.	·	0.00
		Other. Spe			17c.	·	0.00
		Other. Spe			17d.	\$	0.00
				d support that you did not repo		Φ.	0.00
				I, Your Income (Official Form 10	18 .		0.00
			you make to support others	who do not live with you.		\$	200.00
5	Speci	ify: Family	in Peru		19.		
				n lines 4 or 5 of this form or on	Schedule I: Yo	our Income.	
2	20a.	Mortgages	on other property		20a.	\$	0.00
2	20b.	Real estate	etaxes		20b.	\$	0.00
2	20c.	Property. h	omeowner's, or renter's insura	ance	20c.	\$	0.00
			ce, repair, and upkeep expens		20d.	·	0.00
			er's association or condominium		20e.	·	0.00
				4403		Ψ +\$	
1.	Julei	r: Specify:	Car Rental			-φ	100.00
2. (Calcu	ulate your r	nonthly expenses				
		Add lines 4				\$	4,889.54
			•	r 2), if any, from Official Form 106	J-2	\$	1,000.01
		. ,	` , ,	,, , , , , , , , , , , , , , , , , , ,	-		4 000 54
2	∠∠C. <i>F</i>	Add line 228	and 22b. The result is your m	nonthly expenses.		\$	4,889.54
3. (Calcu	ulate your r	nonthly net income.			t.	
		-	2 (your combined monthly inc	ome) from Schedule I.	23a.	\$	5,517.18
			monthly expenses from line 22		23b.	*	4,889.54
	_00.	Jopy your	monary expenses from file 22		200.		4,009.04
-	230	Subtract vi	our monthly expenses from you	ur monthly income			
	_00.		is your <i>monthly net income</i> .	ar monuny income.	23c.	\$	627.64
		THE TESUIT	, can monany not moonie.			1	
4. [Do vo	ou expect a	n increase or decrease in vo	our expenses within the year aft	er you file this	form?	
F	or ex	cample, do yo	u expect to finish paying for your ca	ar loan within the year or do you expec	t your mortgage	payment to incre	ease or decrease because of a
			erms of your mortgage?	, , , , , , , , , , , , , , , , , , , ,	. 55-1		
ı	■ No	ο.					
	□ Ye		Explain here:				
L			p.a 11010.				

	,					
Fill in th	nis informa	ation to identify your	case:			
Debtor 1	1	Elias Moncada				
5	_	First Name	Middle Name	Las	st Name	
Debtor 2 (Spouse if,		First Name	Middle Name	Las	st Name	
	•					
United S	States Ban	kruptcy Court for the:	DISTRICT OF MARYLAND			
Case nu	ımber					
(if known)						☐ Check if this is an
						amended filing
Ott: -:-		100D				
		106Dec		_		
Dec	larati	on About a	ın Individual De	ebt	or's Schedules	12/15
years, o		U.S.C. §§ 152, 1341, 1 Below	519, and 3571.			
Dic	d you pay	or agree to pay some	one who is NOT an attorney t	o help	you fill out bankruptcy forms?	
	No					
	Yes. Na	ame of person				nkruptcy Petition Preparer's Notice,
					Declaration	on, and Signature (Official Form 119)
		y of perjury, I declare true and correct.	that I have read the summary	and s	schedules filed with this declara	tion and
X		Moncada		X		
	Elias Mo				Signature of Debtor 2	
	Signature	of Debtor 1				
	Date Se	eptember 26, 2016			Date	

Filli	n this inform	nation to identify you	rese.			
			case.			
Deb	tor 1	Elias Moncada First Name	Middle Name	Last Name		
	tor 2					
(Spou	ise if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	nkruptcy Court for the:	DISTRICT OF MARYLAN	ID		
Case (if kno	e number _					theck if this is an mended filing
Sta Be as	s complete a	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Part			rital Status and Where You	Lived Before		
1.	_	r current marital statu	S?			
	■ Married□ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	it all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No					
	☐ Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
	Fill in the tota	al amount of income you	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$21,206.36	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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De	ebtor 1 El	ias Moncada			Case	e number (if known)	
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	or last cale anuary 1 to	ndar year: December 31	, 2015)	■ Wages, commissions, bonuses, tips	\$15,245.00	■ Wages, commissions, bonuses, tips	\$10,000.00
				Operating a business		☐ Operating a business	
5.	Include in and other winnings.	come regardles public benefit p If you are filing	ss of wheth payments; a joint cas	er that income is taxable. Ex pensions; rental income; inte e and you have income that	o previous calendar years? amples of other income are a rest; dividends; money collect you received together, list it o ately. Do not include income the	ted from lawsuits; royalties; a nly once under Debtor 1.	
	■ Yes.	Fill in the detai	ils.				
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
		y 1 of current y filed for bankr		Social Security	\$10,467.00		
	or last cale anuary 1 to	ndar year: December 31	, 2015)	Social Security	\$13,956.00		
		ndar year befor December 31		Social Security	\$13,826.00		
				Other	\$4,581.00		
P	art 3: Lis	t Certain Paym	nents You	Made Before You Filed for	Bankruptcy		
b.	Are eithe ☐ No.	Neither Debt	tor 1 nor D	s debts primarily consume lebtor 2 has primarily const personal, family, or househo	umer debts. Consumer debts	s are defined in 11 U.S.C. § 1	01(8) as "incurred by an
		During the 90	days befo	re you filed for bankruptcy, d	id you pay any creditor a total	I of \$6,425* or more?	
			Go to line 7				
		p	oaid that cre		id a total of \$6,425* or more ints for domestic support oblights bankruptcy case.		
		* Subject to	adjustment	on 4/01/19 and every 3 year	rs after that for cases filed on	or after the date of adjustmer	nt.
	■ Yes.			r both have primarily constreeyou filed for bankruptcy, d	umer debts. id you pay any creditor a tota	I of \$600 or more?	
		■ No.	Go to line 7				
		ir	nclude pay		id a total of \$600 or more and obligations, such as child supp		

Total amount

paid

Amount you

still owe

Dates of payment

Creditor's Name and Address

Was this payment for ...

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Case number (if known)

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gene n control, or owner of 20% or	eral partners; partner more of their voting	rships of which y securities; and a	ou are a genera any managing ag	I partner; corporations gent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
3.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	ny property on a	account of a de	bt that benefited an
	■ No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	t his payment tor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
).	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
	Clarke, James, et al Vs. Elias and Doris Moncada 409522V	Foreclosure	Circuit Court for County Civil Division 50 Maryland Ave Rockville, MD 20	enue	■ Pending □ On appea □ Conclude	
0.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			oreclosed, garni Date		, seized, or levied? Value of the property
1.	Within 90 days before you filed for bankru accounts or refuse to make a payment bec		uding a bank or fin	ancial institutio	n, set off any a	mounts from your
	Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	creditor took	Date take	action was	Amount
2.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		rty in the possessi	on of an assign	ee for the bene	fit of creditors, a
	☐ Yes					

Debtor 1 Elias Moncada

De	btor 1 Elias Moncada			Case number	(if known)	
Pai	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrupt No	cy, d	lid you give any gifts with a total val	ue of more t	han \$600 per person	?
	Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person		Describe the gifts		Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankrupt ■ No	cy, d	lid you give any gifts or contribution	ns with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or cont	ributi	on.			
	Gifts or contributions to charities that tota more than \$600 Charity's Name	al	Describe what you contributed		Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Code)					
Pai	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankrupto or gambling? No Yes. Fill in the details.	y or	since you filed for bankruptcy, did y	ou lose any	thing because of the	t, fire, other disaster
		ecril	be any insurance coverage for the lo	nee	Date of your	Value of property
	how the loss occurred Inc	clude	the amount that insurance has paid. L	ist pending	loss	losi
	ins	suran	ce claims on line 33 of Schedule A/B:	Property.		
Pai	rt 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre- Include any attorneys, bankruptcy petition prep	parin	ng a bankruptcy petition?			rty to anyone you
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not You				made	
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you	rs or	to make payments to your creditor		or transfer any prope	rty to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No	usin ade a	ess or financial affairs? as security (such as the granting of a se			
	Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		any property or s received or debts schange	Date transfer was made
	Person's relationship to you				•	

Debtor 1 Elias Moncada Case number (if known)

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	operty tran	sferred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and S	Storage Uni	its	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa	other financial accour	nts; certificate	s of depos		
	■ No □ Yes. Fill in the details.					
		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, a	any safe de	posit box or other depo	sitory for securities,
	■ No					
	Yes. Fill in the details.					D (111
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or No Yes. Fill in the details.	place other than your	home within	1 year befo	re you filed for bankrup	tcy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Par	9: Identify Property You Hold or Control fo	or Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ude any prope	rty you bor	rrowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Par	10: Give Details About Environmental Inform	mation				
For	he purpose of Part 10, the following definition	ns apply:				
	Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surface	water, groun	• .	•	
	Site means any location, facility, or property a to own, operate, or utilize it, including dispos	-	environmental	law, wheth	ner you now own, opera	te, or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, o		as a hazardou	s waste, ha	azardous substance, tox	cic substance,
Rep	ort all notices, releases, and proceedings that	you know about, rega	rdless of whe	n they occ	urred.	

Debtor 1 Elias Moncada Case number (if known)

24.	Has any governmental unit notified you that No	you may be liable or potentially liable	under or in violation of an environme	ental law?
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any envir	onmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	111: Give Details About Your Business or	,		
27.	Within 4 years before you filed for bankrupt	cv. did vou own a business or have any	v of the following connections to any	business?
	☐ A sole proprietor or self-employed in			
	☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	p (LLP)	
	☐ A partner in a partnership		• •	
		ecutive of a corporation		
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation		
	■ No. None of the above applies. Go to P	Part 12.		
	■ Yes. Check all that apply above and fill	in the details below for each business.		
	Business Name	Describe the nature of the business	Employer Identification number	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security Dates business existed	number or ITIN.
	Class A Cleaning Services, Inc.	Cleaning services	EIN : 26-0037583	
	14100 Cricket Ln Silver Spring, MD 20904	Olga Funes	From-To 2003 to 2013	
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to	o anyone about your business? Inclu	ıde all financial
	■ No			
	Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

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Debtor 1	Elias Moncada		Case number (if known)
Part 12:	Sign Below		
are true ai with a bar		false statement, concealing proper	s, and I declare under penalty of perjury that the answers rty, or obtaining money or property by fraud in connection o 20 years, or both.
/s/ Elias	Moncada		
Elias Mo Signature	ncada e of Debtor 1	Signature of Debtor 2	
Date Se	eptember 26, 2016	Date	
Did you at ■ No □ Yes	tach additional pages to Your Stateme	ent of Financial Affairs for Individua	als Filing for Bankruptcy (Official Form 107)?
Did you pa	ay or agree to pay someone who is not	an attorney to help you fill out bar	nkruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Maryland

VERIFICATION OF CREDI The above-named Debtor hereby verifies that the attached list of creditors is tr	Case No.	-10
he above-named Debtor hereby verifies that the attached list of creditors is tr	Chapter	13
ne above-named Debtor hereby verifies that the attached list of creditors is tr		
·	TOR MATRIX	
·		
0 / 1 00 00/0	ue and correct to the best	of his/her knowledge.
ate: September 26, 2016 /s/ Elias Moncada		

Signature of Debtor

American Medical Collection Agency 4 Westchester Plaza Building 4 Elmsford, NY 10523

Associated Credit Services, Inc. PO Box 5171 Westborough, MA 01581-5171

Capital One Attention: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cardiac Associates 15225 Shady Grove Rd. Suite 201 Rockville, MD 20850

Client Services, Inc 3451 Harry Trumand Blvd. Saint Charles, MO 63301

Comptroller of Maryland Collection Section 301 W. Preston Street Room 410 Baltimore, MD 21201

CSRS, Inc 15722 Crabbs Branch Way Suite 2D Derwood, MD 20855

Diversified Consultant Dci Po Box 551268 Jacksonville, FL 32255 EMA
20010 Century Boulevard
Suite 200
Germantown, MD 20874

First National Collection Bureau 610 Waltham Way Sparks, NV 89434

Internal Revenue Service Department of the Treasury PO Box 7346 Philadelphia, PA 19101

LVNV Funding Po Box 10497 Greenville, SC 29603

Maryland Transportation Authority PO Box 17600 Baltimore, MD 21297-7600

MedStar Montgomery Medical Center PO Box 418392 Boston, MA 02241-8392

MedStar Physicials Billing Services PO Box 1270 Bangor, ME 04402

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Mohela/Dept of Ed 633 Spirit Dr Chesterfield, MO 63005 Montgomery EKG, LLP P. O. Box 43130 Nottingham, MD 21236

North Amercn 2810 Walker Rd Chattanooga, TN 37421

Pepco PO Box 13608 Philadelphia, PA 19101

Pinnacle Credit Services Po Box 640 Hopkins, MN 55343

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Quest Diagnostics P.O. Box 7302 Hollister, MO 65673-7302

Select Portfolio Servicing PO Box 65250 Salt Lake City, UT 84165

Springleaf Financial S 600 N. Royal Avenu Evansville, IN 47731

Suburban Credit Corporation 6142 Franconia Road P. O. Box 30640 Alexandria, VA 22310-2521

Superior Financial Gro 205 Lennon Ln Ste 210 Walnut Creek, CA 94598

Tate & Kirlin Associates 2810 Southampton Rd. Philadelphia, PA 19154

Verizon POBOX 15124 Albany, NY 12212-5124

Visa Dept Store National Bank Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Westlake Financial Srvs Customer Care Po Box 76809 Los Angeles, CA 90054

WSSC 14501 Sweitzer Lane Laurel, MD 20707